



McANDREWS, HELD & MALLOY
34TH FLOOR
500 WEST MADISON STREET
CHICAGO, ILLINOIS 60661

RECEIVED
CENTRAL FAX CENTER

APR 24 2006

ARO PLEASE DELIVER RETURN RECEIPT TO
PATRICIA E. WILSON

FACSIMILE: (312) 775-8100

Certificate of Transmission under 37 CFR 1.8

CONFIDENTIAL

THE ENCLOSED MATERIAL IS INTENDED FOR THE RECIPIENT NAMED BELOW AND, UNLESS OTHERWISE EXPRESSLY INDICATED, IS CONFIDENTIAL AND PRIVILEGED INFORMATION. ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THE ENCLOSED MATERIALS IS PROHIBITED. IF YOU RECEIVE THIS TRANSMISSION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE, AT OUR EXPENSE, AND DESTROY THE ENCLOSED MATERIALS. YOUR COOPERATION IS APPRECIATED.

TO: Examiner M.S. Cordero
Group Art Unit 2687

FAX NO.: 571 273 8300

FROM: Shawn L. Peterson

USER ID: 8061

CLIENT: 1772

MATTER: 14406US02

Number of Pages This Transmission (Including Cover Page): 6

I hereby certify that the attached correspondence is being sent via facsimile transmission to the United States Patent and Trademark Office on April 24, 2006.


Shawn L. Peterson
Reg. No. 44,286

If you have problems receiving this facsimile transmission,
please contact Patricia E. Wilson (Ext. 8148) at the above number.

PTO/SB/21 (09-04)
Approved for use through 7/31/2006

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM		Application Number	
<p style="text-align: center;">(to be used for all correspondence after initial filing)</p> <p>Total Number of Pages in This Submission 5</p>		10/631,071	
		Filing Date	
		July 31, 2003	
		First Named Inventor	
		Mahany	
Art Unit		2687	
Examiner Name		M.S. Cordero	
Attorney Docket Number		14406US02	

RECEIVED
CENTRAL FAX CENTER
APR 24 2006

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Response - 2 pages <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Return-Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">Remarks</div> <div style="width: 70%;"></div> </div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm	McAndrews Held & Malloy, Ltd.
Signature	<i>Shawn L. Peterson</i>
Printed Name	Shawn L. Peterson
Date	April 24, 2006

CERTIFICATE OF FAX TRANSMITTAL			
I hereby certify that this correspondence is being sent via facsimile to Examiner M.S. Cordero at the United States Patent and Trademark Office, fax No. 571 273 8300, on April xx, 2006.			
Name (Print/type)	Shawn L. Peterson	Registration No. (Attorney/Agent)	44,286
Signature	<i>Shawn L. Peterson</i>	Date	April 24, 2006

PTO/SB/17 (01-08)

Approved for use through 07/31/2008. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Fees pursuant to the consolidated Appropriates Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL
for FY 2006**

Complete if Known

Application Number 10/631,071
 Filing Date July 31, 2003
 First Named Inventor Mahany
 Examiner Name M.S. Cordero
 Art Unit 2887
 Attorney Docket No. 14406US02

**RECEIVED
CENTRAL FAX CENTER****APR 24 2006**☐ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)**130.00**

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: 13-0017Deposit Account Name: McAndrews Held & Malloy

For the above-identified deposit account, the Director is hereby authorized to (check all that apply)

☒ Charge Fee(s) indicated below☐ Charge Fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fees(s) ☒ Credit any overpayments
under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid(\$)
	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	
Utility	300	150	600	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Small Entity	
Fee(\$)	Fee(\$)
50	25
200	100
360	180

Total Claims	Extra Claims	Fee(\$)	Fee Paid (\$)
-20 or HP	x	=	

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee(\$)	Fee Paid (\$)
-3 or HP	x	=	

HP = highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims	Fee	Fee Paid (\$)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee(\$)	Fee Paid(\$)
-100	/50	(round up to a whole number)	x	=

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Terminal Disclaimer

Fee Paid(\$)

130

SUBMITTED BY

Signature	<u>Shawn L. Peterson</u>	Registration No. (Attorney/Agent)	<u>44,266</u>	Telephone	(312) 775-8000
Name (print/type)	Shawn L. Peterson			Date	April 24, 2006

04/25/2006 JBALINAH 0000062/130017 10631071
 Sale Ref: 0000062-DH: 130017 10631071
 01 IFC:1814 130.00 DA